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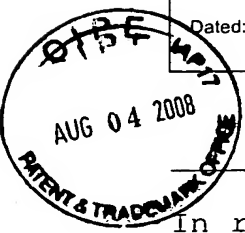
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 30, 2008

Signature:

(Raymond W. Augustin)

Docket No.: TRAUMA 3.0-449  
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Zander et al.

Application No.: 10/735,975

Filed: December 15, 2003

For: OSTEOSYNTHETIC AID

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: Group Art Unit: 3733  
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: Examiner: A. Ramana  
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MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Official Action mailed April 30, 2008, Applicants submit the following amendments and remarks.

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
TRAUMA 3.0-449Application No.  
10/735,975-Conf. #4263Filing Date  
December 15, 2003Examiner  
A. RamanaArt Unit  
3733

Applicant(s): Nils Zander, Axel Bernhard Cremer, and Michael Seemann

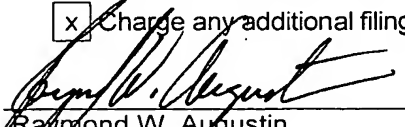
Invention: OSTEOSYNTHETIC AID

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 24 =	0	x 50.00	0.00
Independent Claims	7	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00

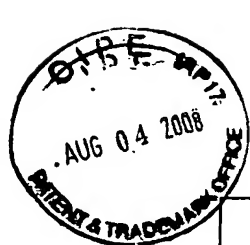
☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-1095  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Raymond W. Augustin  
Attorney/Agent Reg. No.: 28,588Dated: July 30, 2008LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP  
600 South Avenue West  
Westfield, New Jersey 07090  
(908) 518-6318

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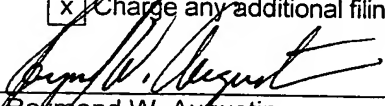
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Total Claims	13	- 24 =	0	x 50.00	0.00
Independent Claims	7	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
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